

**Application Data Sheet**  
**Application Information**

Application number:: 10/706,515  
Filing Date:: November 12, 2003  
Application Type:: REGULAR  
Subject Matter:: UTILITY  
CD-ROM or CD-R?: NONE  
Sequence submission?: PAPER  
Title:: COMPUTER PRODUCT FOR A  
DYNAMICALLY GENERATED WRAPPER  
CLASS  
  
Attorney Docket Number:: BEAS-01339US2  
Request for Early Publication?: NO  
Request for Non-Publication?: NO  
Suggested Drawing Figure:: 3  
Total Drawing Sheets:: 4  
Small Entity?: NO  
Petition included?: NO  
Secrecy Order in Parent Appl.?: NO

**Applicant Information**

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: CHINA  
Status:: FULL CAPACITY  
Given Name:: FEI  
Family Name:: LUO  
City of Residence:: ~~BEDMISTER~~ Bedminster  
State or Province of Residence:: NJ

**Country of Residence::** US  
**Street of mailing address::** 268 LONG MEADOW ROAD  
**City of mailing address::** US  
**State or Province of mailing address::** NJ  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 07921

**Applicant Authority Type::** INVENTOR  
**Primary Citizenship Country::** US  
**Status::** FULL CAPACITY  
**Given Name::** ALEXANDER  
**Family Name::** SOMOGYI  
**City of Residence::** BERNARDSVILLE  
**State or Province of Residence::** NJ  
**Country of Residence::** US  
**Street of mailing address::** 87 RAVINE LAKE ROAD, HAYLOFT  
**City of mailing address::** BERNARDSVILLE  
**State or Province of mailing address::** NJ  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 07924

**Applicant Authority Type::** INVENTOR  
**Primary Citizenship Country::** US  
**Status::** FULL CAPACITY  
**Given Name::** WILLIAM  
**Middle Name::** JOHN  
**Family Name::** GALLAGHER  
**City of Residence::** EASTON  
**State or Province of Residence::** PA

**Country of Residence::** US  
**Street of mailing address::** 1885 DAYTON  
**City of mailing address::** EASTON  
**State or Province of mailing address::** PA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 18040

**Applicant Authority Type::** INVENTOR  
**Primary Citizenship Country::** INDIA  
**Status::** FULL CAPACITY  
**Given Name::** RAHUL  
**Family Name::** SRIVASTAVA  
**City of Residence::** RANDOLPH  
**State or Province of Residence::** NJ  
**Country of Residence::** US  
**Street of mailing address::** 27 ARNOLD DRIVE  
**City of mailing address::** RANDOLPH  
**State or Province of mailing address::** NJ  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 07869

#### **Correspondence Information**

**Correspondence Customer Number::** 23910  
**Phone number::** (415) 362-3800  
**Fax Number::** (415) 362-2928  
**Email address::** [Sbachmann@fdmi.com](mailto:Sbachmann@fdmi.com)  
[officeactions@fdmi.com](mailto:officeactions@fdmi.com)

### Representative Information

Representative Customer Number:: 23910

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC119(e)	60/450,901	02/28/03

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee Name:: BEA Systems, Inc.  
Street of mailing address:: 2315 North First Street  
City of mailing address:: San Jose  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95131